

CRITERIA FOR PRIOR AUTHORIZATION

Constipation Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs requires prior authorization:
Linaclotide (Linzess®)
Lubiprostone (Amitiza®)

CRITERIA FOR CONSTIPATION AGENTS Must meet the following criteria:

- Patient must have one of the following diagnoses:
 - chronic idiopathic constipation
 - irritable bowel syndrome (IBS) with constipation
 - opioid-induced constipation with chronic, non-cancer pain **(Amitiza Only)**
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months